

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/619 910
APPLICANT(S) 1

FILED DATE

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| 13 | | 1 | | 1 | | |
| 14 | | 1 | | 1 | | |
| 15 | 1 | | 1 | | | |
| 16 | | 1 | | 1 | | |
| 17 | | 1 | | 1 | | |
| 18 | | 1 | | 1 | | |
| 19 | | 1 | | 1 | | |
| 20 | | 1 | | 1 | | |
| 21 | | 2 | | 2 | | |
| 22 | | 1 | | 1 | | |
| 23 | | 1 | | 1 | | |
| 24 | | 1 | | 1 | | |
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| 29 | | | | 1 | | |
| 30 | | | | 1 | | |
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| TOTAL IND. | 2 | | 4 | | | |
| TOTAL DEP. | 12 | | 11 | | | |
| TOTAL CLAIMS | 14 | | 25 | | | |

| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |